

HOME IMPROVEMENT CONTRACTOR'S

ccl-hicins 11/19/14

CERTIFICATE OF INSURANCE

(Herein called Insurance Company)

Address _____
(Include city, state, zip)

Insurance Company's State of WI License # _____ (optional)

ISSUED TO THE CITY OF MILWAUKEE, 200 E. Wells St. Rm. 105, Milwaukee, WI 53202

The company hereby certifies that it has issued to:

NAME _____
(Full Legal Name of Insured)

a general liability **POLICY NO** _____ **EFFECTIVE** _____, **20** _____,

EXPIRES _____, **20** _____, providing for limits of not less than \$25,000 per person, \$50,000 per accident, bodily injury liability, and \$10,000 property damage liability or combined single limit of not less than \$60,000 per occurrence; provided, however, that the insurance afforded is subject to the terms, conditions, limitations, and exclusions of the policy.

Said policy provides that notwithstanding any other provision therein, ten days' written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this _____ day of _____ 20 _____

Agent of Insurance Company:

Print Name _____

Signature _____

Office Use Only:

Initials _____ Date _____

☐ Check <http://oci.wi.gov/> ☐ Scan/attach ☐ Enter in Insurance tab
Licensed Suspended? ☐ No ☐ Yes If Yes, ☐ \$25 reinstatement fee paid ☐ Reinstatement License ☐ Send Reinstatement Letter